



MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Requestor Name and Address: VISTA MEDICAL CENTER HOSPITAL 4301 VISTA ROAD PASADENA TX 77504	MFDR Tracking #: M4-05-8965-01
	DWC Claim #:
	Injured Employee:
	Date of Injury:
Respondent Name and Box #: ST PAUL FIRE & MARINE INSURANCE Box #: 05	Employer Name:
	Insurance Carrier #:

PART II: REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "The Carrier denied payment with payment exception code 'E' in regard to their reduction in payment. However, the Carrier did not complete an on-site audit and did not forward information to support the denial of compensability."

Amount in Dispute: \$13,663.55

PART III: RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "On this bill from Vista Medical Center for date of service 04/21/2004 they did an ESI to the cervical. At first this claim was disputed and it went for a CCH. At the CCH the decision was that the cervical was not related to this injury."

PART IV: SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Calculations	Amount in Dispute	Amount Due
06/21/2004	Cervical ESI	N/A	13,663.55	\$0.00
			Total Due:	\$0.00

PART V: FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

- 28 Tex. Admin. Code §133.307 sets out the procedures for health care providers to pursue a medical fee dispute.
- The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of benefits July 22, 2004

- E (353-001) – Entitlement to Benefits (353-001) – controverted/denied claim.
- M (647-002) – No Mar (647-002) – Reimbursement has been calculated based on a percentage of the charges.

Explanation of benefits August 20, 2004

- E (353-001) – Entitlement to Benefits (353-001) – controverted/denied claim.
- M (647-002) – No Mar (647-002) – Reimbursement has been calculated based on a percentage of the charges.

Issues

- Has the entitlement to benefits been adjudicated in the claimants favor?

Findings

According to the operative report, the procedure for the disputed date of service was a cervical epidural injection with local anesthetic and steroids. According to the decision of the hearing officer on October 7, 2004, the April 4, 2004 compensable injury does not extend to include a diagnosis of cervical herniation at C3-4, C5-6 and C607.

Conclusion

For the reason stated above, the division cannot review the merits of this dispute. As a result, the amount ordered is \$0.00.

PART VI: ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

Medical Fee Dispute Resolution Officer

Date

PART VII: YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. **Please include a copy of the Medical Fee Dispute Resolution Findings and Decision** together with other required information specified in Division rule at 28 Texas Administrative Code §148.3(c).

Under Texas Labor Code Section 413.0311, your appeal will be handled by a Division hearing under Title 28 Texas Administrative Code Chapter 142 rules if the total amount sought does not exceed \$2,000. If the total amount sought exceeds \$2,000, a hearing will be conducted by the State Office of Administrative Hearings under Texas Labor Code Section 413.031.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.